

CITY OF RALEIGH ARTS COMMISSION GRANT APPLICATION

MAILING ADDRESS: City of Raleigh Arts Commission
P.O. Box 590, Raleigh, NC 27602

PHONE: (919) 890-3610

OR Hand Deliver to: 222 West Hargett Street, Room 504, Raleigh, NC 27601

**THIS APPLICATION MUST BE TYPEWRITTEN IN TYPE SIZE NO SMALLER THAN 12 POINT.
AN INCOMPLETE OR INACCURATE APPLICATION MAY JEOPARDIZE FUNDING.**

SECTION A - APPLICANT INFORMATION

1. Applicant Name _____ Telephone (____)_____
2. Applicant Address or P.O. Box _____
3. City _____ State _____ Zip _____
4. Project Director or Contact Person _____ Title _____
5. Work Phone (____)_____ Fax (____)_____ Home Phone (____)_____
6. Voice/TDD No. (____)_____ e-mail _____
7. Website Address _____
8. Name of Board President of Applicant _____
9. Federal Identification Number from your Internal Revenue Service letter granting tax-exempt status to your organization _____

GRANT SPECIFIC INFORMATION

Operating Support - Amount Requested \$ _____
Descriptive Title _____

Project Support - Amount Requested \$ _____
Descriptive Title: _____

Management Support - Amount Requested \$ _____
Descriptive Title _____

Use two to three sentences to describe how your organization would utilize grant funds. **If applying for two categories of funding, please write two descriptions.**

SECTION B - ORGANIZATION PROFILE

1. In what year was your organization created? _____
2. When was it incorporated in the State of North Carolina as not-for-profit? _____
3. Is a copy of your income tax-exempt letter of determination from the Internal Revenue Service on file with the City of Raleigh Arts Commission? ____Yes ____No Is a copy attached? ____Yes ____No
4. Is a copy of your accessibility plan on file? ____Yes ____No Is an updated copy of your plan attached? ____Yes ____No
5. What was the ending date of the organization's most recently completed fiscal year? _____
6. Please note funding received or anticipated from the City of Raleigh Arts Commission during the current fiscal year (Fiscal Year 2007-2008) \$_____
7. For Project Support and Management Assistance applicants only:
____ New Project
____ Continuing Project
____ Number of years project has been in existence
8. Number of years your organization has received City of Raleigh Arts Commission funds:
____ **Operating Support**
____ **Project Support**
9. In the space below, give the mission statement adopted by your organization.

10. Number of board members in each of the following categories:

____Native American ____Asian/Pacific Islander ____African-American ____White
____Hispanic/Latino ____Other

11. Salaried and Contractual Personnel for fiscal year 2007-2008:

Number of full-time persons employed _____ Total Salaries \$_____

Number of part-time persons employed _____ Total Salaries \$_____

Number of contractual persons employed _____ Total Fees \$_____

12. Dates of Activity - Beginning : _____ Ending: _____

13. Number of Individuals Benefiting: _____

14. Number of Artists Participating: _____

Please fill in the chart below with the organization's total income and expenses (projected in some cases) as requested:

(If the applicant is not an arts organization, this should reflect total income and expenses for arts programs and services.)

| FISCAL YEAR ENDING IN: | 2006-2007 (actual) | 2007-2008 (budgeted) | 2008-2009 (projected) | 2009-2010 (projected) |
|-------------------------------|------------------------------|--------------------------------|---------------------------------|---------------------------------|
| INCOME: | \$_____ | \$_____ | \$_____ | \$_____ |
| EXPENSES: | \$_____ | \$_____ | \$_____ | \$_____ |

In the space below explain any variation of 20 percent or more between Fiscal Years 2006-2007 and 2007-2008.

SECTION C - PROPOSAL NARRATIVE

Please read the grant guidelines thoroughly before completing this section. Address EACH item on the ratings sheets. DO NOT EXCEED THREE PAGES IN 12-POINT TYPE.

SECTION D - ASSURANCES

The Applicant assures the City of Raleigh Arts Commission that:

1. The activities and services for which assistance is sought will be administered by or under the supervision of the applicant.
2. The filing of this application has been duly authorized by the governing body of the applicant.
3. The applicant will expend funds received as a result of this application solely for the described project or program.

By signing this application, the Applicant hereby assures and certifies that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), the Americans with Disabilities Act of 1990 (42 U.S.C. 12101-12213) and, where applicable, Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.) as well as all regulations of the National Endowment for the Arts issued pursuant to these statutes and that it immediately will take any measures necessary to comply.

This application will not be accepted without **three original** signatures. (Two of these can be the same person.)

**Chief Authorizing
Official**

Signature_____

Date_____

Name_____

Title_____

**Chief Fiscal
or Operating
Officer**

Signature_____

Date_____

Name_____

Title_____

Project Director

Signature_____

Date_____

Name_____

Title_____

Please Note: If this application is being submitted by an organization acting as a fiscal agent for another organization, the Chief Authorizing Official and Chief Fiscal Officer of the organization acting as fiscal agent and holding the not-for-profit letter of determination must sign this application.

SECTION E - AUDIT RESPONSE

In the space provided, the board chairperson should address how the organization has or is addressing previous-year audit findings. If there are no findings, this should be noted. The audit must be accompanied by any management letter, if one exists, and a copy of the agency's final budget for the period. The signature of the Board Chairperson confirms his/her review and approval of the audit(s).

Board Chairperson Signature: _____

Typed Name: _____ Date: _____